



INFORMATION PACKAGE FOR VISITORS

Note Visitor Requirements Identified Herein:

As part of the Residence's policy on visits during COVID-19, all visitors will be provided with the information package, including education on all required protocols. All visitors must review the contents of the information package prior to their visit. Any non-adherence to the rules set out in the visitor policy will be the basis for discontinuation of visits.

The visitor policy and information package will also be shared with residents to communicate the Residence's visitor policy, including the gradual resumption of family visits and the associated procedures.

How to Get a COVID-19 Test at the CKHA Assessment Centre:

Outside visitors are not required to have tested negative for COVID-19.

However, Indoor Visitors and Caregivers ARE REQUIRED to attest to the Residence that have a negative COVID-19 test result within the last two weeks of the visit and attest to this fact.

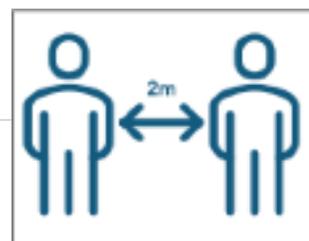
In order to get a COVID-19 test, you must book online at www.assessmentbooking.ca. You will need a valid green Ontario Health Card. Please provide an email address while filing out the online form to confirm your appointment date and time. For those do not have access to technology, they may phone CKHA at 519-352-6400 x 6548 between 9:00 am and 5:00 pm Monday to Friday. After hours, the number to phone is 519-352-6400 x 6584. Please book an appointment before attending. They request you bring your health card as well as a list of medications, allergies and past health issues.

NOTE: Hours of operation: 9:00 am to 5:00 pm, with the last patient seen at 4:20 pm. CKHA's COVID-19 Assessment Centre is located at St. Clair College, Chatham Campus Health Plex, 1001 Grand Avenue West, Chatham, ON N7M 5W4.

You can also book an appointment for a COVID-19 test at the Shopper's Drug Mart Nortown Shopping Center in Chatham by calling 519-352-3200

Physical Distancing

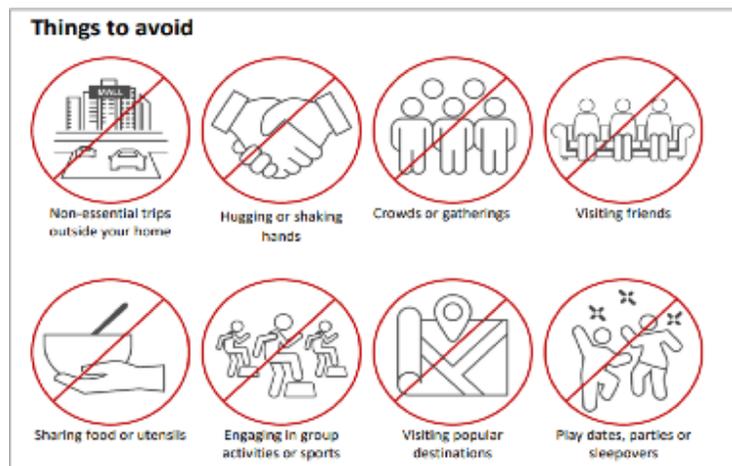
Physical distancing means keeping our distance from one another and limiting activities outside the home. When outside your home, it means **staying at least 2 metres (or 6 feet) away** from other people whenever possible. Physical distancing, when combined with proper hand hygiene and cough etiquette, has been shown to limit the spread of COVID-19.



Physical distancing means making changes in your everyday routines in order to minimize close contact with others, including:

- Avoiding crowded places and non-essential gatherings
- Avoiding common greetings, such as handshakes or hugging
- Limiting contact with people at higher risk (e.g. older adults and those in poor health)

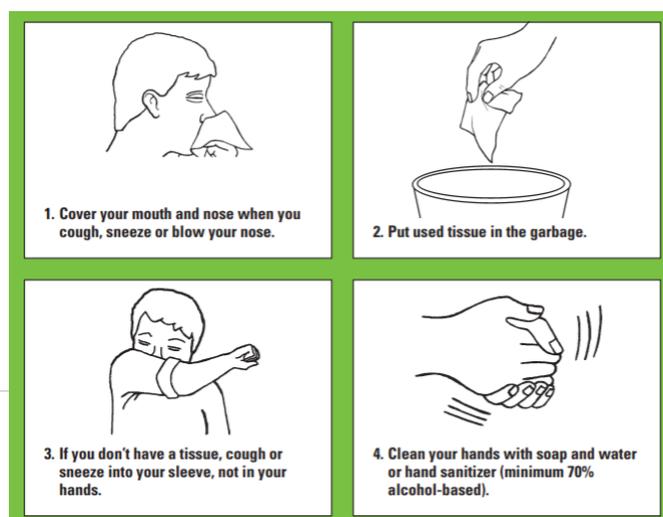
Physical distancing of 2 metres must be practiced during all visits on the residence property to reduce the risk of COVID-19 transmission.



Respiratory Etiquette

It is important to help reduce the spread of illnesses by using proper respiratory etiquette. This means that instead of covering your mouth with your hands when coughing or sneezing, use your sleeve or a tissue. This reduces the number of germs on your hands, though it is still important to wash your hands after coughing and sneezing.

Respiratory etiquette must be practiced during all visits on the residence property to reduce the risk of COVID-19 transmission.



Following these steps is important:

1. Cover your mouth and nose when you cough, sneeze or blow your nose.
2. Put used tissue in the garbage.
3. If you don't have a tissue, cough or sneeze into your sleeve, not in your hand.
4. Clean your hands with soap and water or hand sanitizer.

Hand Hygiene

Hand hygiene is a general term referring to any action of hand cleaning. Hand hygiene relates to the removal of visible soil and removal or killing of transient microorganisms from the hands. Hand hygiene may be accomplished using an alcohol-based hand rub or soap and running water.

Touching your eyes, nose or mouth without cleaning your hands or sneezing or coughing into your hands may provide an opportunity for germs to get into your body. Keeping your hands clean through good hygiene practice is one of the most important steps to avoid getting sick and spreading germs to others.

Prior to beginning each visit with a resident, visitors must perform hand hygiene. Additionally, any time your hands become soiled for any reason during the visit, you must perform hand hygiene. Wash or sanitize your hands at the end of each visit as well.

Handwashing

Handwashing with soap and running water, as opposed to using hand sanitizer, must be done when hands are visibly soiled. Hand hygiene with soap and water – done correctly – removes organisms

Follow these steps for hand washing: (hand wash for at least 15 seconds)

1. Wet hands with warm water.
2. Apply soap.
3. Lather soap and rub between fingers, back of hands, fingertips, under nails.
4. Rinse thoroughly under running water.
5. Dry hands well with paper towel.
6. Turn taps off with paper towel.



B. Hand Sanitizing

Hand sanitizers are very useful when soap and water are not available. When your hands are not visibly dirty, then a 70-90% alcohol-based hand sanitizer/rub should be used. It has been shown to be more effective than washing with soap (even using an antimicrobial soap) and water when hands are *not* visibly soiled.

Hand hygiene with alcohol-based hand sanitizer – correctly applied – kills organisms in seconds.

It is important when using an alcohol-based hand sanitizer to apply sufficient product such that it will remain in contact with the hands for a minimum of 15 seconds before the product becomes dry.

Follow these steps for sanitizing your hands: (rub hands for at least 15 seconds)

1. Apply 1-2 pumps of product to palms of dry hands.
2. Rub hands together, palm to palm, between and around fingers, back of hands, fingertips, under nails.
3. Rub hands until product is dry. Do not use paper towels.
4. Once dry, your hands are clean.

How to use hand sanitizer



Infection Prevention and Control (IPAC) Practices

Infection Prevention and Control (IPAC) refers to evidence-based practices and procedures that, when applied consistently in health care settings, can prevent or reduce the risk of transmission of microorganisms to residents, staff and visitors.

All visitors must follow the residence's infection and prevention control protocols (IPAC), including proper use of masks.

IPAC practices include:

1. Hand hygiene program
2. Screening and surveillance of infections
3. Environmental cleaning procedures that reflect best infection control practices
4. Use of personal protective equipment
5. Outbreak detection and management
6. Additional precautions specified to prevent the spread of infection
7. Ongoing education on infection control
8. Negative COVID-19 swab results within 14 days of the visit.
9. Putting On (Donning) and taking Off (Doffing) PPE – See Education enclosed from PHO Donning and Doffing PPE.

Proper Use of Personal Protective Equipment (PPE)

PPE is clothing or equipment worn for protection against hazards. Examples of PPE include gloves, gowns, facial protection and/or eye protection. Using, applying and removing personal protective equipment correctly is critical to reducing the risk of transmission of COVID-19.

All visitors must comply with the residence's IPAC protocols, including donning and doffing of PPE and following instructions on use provided by the residence.

Family visitors **must** wear a **face covering if the visit is indoors**. If the **visit is indoors, a surgical/procedure mask is required**.

Visitors are responsible for bringing their own mask. If the residence is not able to provide surgical/procedure masks, no family visitors will not be permitted inside the residence. Essential visitors who are provided with appropriate PPE from their employer, may enter the residence.

For Essential Visitors only:

Essential visitors providing direct care to a resident must use a surgical/procedure mask while in the residence, including while visiting the resident that does not have COVID-19 in their room. Essential visitors who are in contact with a resident who is suspect or confirmed with COVID-19, must wear appropriate PPE in accordance with Directive #5 and Directive #1. This includes contact and droplet precautions (gloves, face shield or goggles, gown, and surgical/procedure mask).

Source: World Health Organization (Non-Medical Fabric Mask)

Source: World Health Organization (Medical Mask)

HOW TO WEAR A NON-MEDICAL FABRIC MASK SAFELY

who.int/epi-win

Do's →

- Clean your hands before touching the mask
- Inspect the mask for damage or if dirty
- Adjust the mask to your face without leaving gaps on the sides
- Cover your mouth, nose, and chin
- Avoid touching the mask
- Clean your hands before removing the mask
- Remove the mask by the straps behind the ears or head
- Pull the mask away from your face
- Store the mask in a clean plastic, resealable bag if it is not dirty or wet and you plan to re-use it
- Remove the mask by the straps when taking it out of the bag
- Wash the mask in soap or detergent, preferably with hot water, at least once a day
- Clean your hands after removing the mask

Don'ts →

- Do not use a mask that looks damaged
- Do not wear a loose mask
- Do not wear the mask under the nose
- Do not remove the mask where there are people within 1 metre
- Do not use a mask that is difficult to breathe through
- Do not wear a dirty or wet mask
- Do not share your mask with others

A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to keep at least 1 metre distance from others, clean your hands frequently and thoroughly, and avoid touching your face and mask.



World Health Organization

HOW TO WEAR A MEDICAL MASK SAFELY

who.int/epl-win

Do's →



Wash your hands before touching the mask



Inspect the mask for tears or holes



Find the top side, where the metal piece or stiff edge is



Ensure the colored-side faces outwards



Place the metal piece or stiff edge over your nose



Cover your mouth, nose, and chin



Adjust the mask to your face without leaving gaps on the sides



Avoid touching the mask



Remove the mask from behind the ears or head



Keep the mask away from you and surfaces while removing it



Discard the mask immediately after use preferably into a closed bin



Wash your hands after discarding the mask

Don'ts →



Do not use a ripped or damp mask



Do not wear the mask any over mouth or nose



Do not wear a loose mask



Do not touch the front of the mask



Do not remove the mask to talk to someone or do other things that would require touching the mask



Do not leave your used mask within the reach of others



Do not re-use the mask

Remember that masks alone cannot protect you from COVID-19. Maintain at least 1 metre distance from others and wash your hands frequently and thoroughly, even while wearing a mask.

EPI-WIN



COVID-19 ACTIVE SCREENING TOOL – OUTDOOR VISITORS

Visitors may include friends and family **please have the visitor answer the following questions:**

1.	Do you have a fever (take temperature; fever is a temp of 37.8 or greater) Record Temperature and time of Screening on documentation form.	Yes	No
2.	Do you have any of the following symptoms? i. Cough that is NEW or Worsening ii. Difficulty breathing/Shortness of breath iii. Sore throat (painful or difficulty swallowing) iv. Rhinorrhea, Runny nose – not related to known causes or conditions v. Nasal congestion, stuffy nose - not related to known causes or conditions vi. New olfactory or taste disorder (decrease or loss of smell or taste) vii. Nausea or Vomiting viii. Diarrhea ix. Abdominal pain that is persistent and ongoing x. Chills xi. Headache that is new and persistent, unusual, or long lasting xii. Atypical Symptoms Fatigue, lethargy, or malaise (general feeling of being unwell, lack of energy, extreme tiredness) that is unusual and/or long lasting, Myalgias (muscle aches/pains) that are unexplained, unusual, long lasting, decreased or lack of appetite XiV. Atypical signs should be based on an assessment by a HCP, should not be explained by other known causes or conditions: exacerbation or chronic conditions, tachycardia, low BP, Tachycardia, Delirium, increased falls acute functional decline Has the local health unit asked you to self-isolate?	Yes	No
3.	Have you travelled or had close contact with anyone who has traveled in the past 14 days	Yes	No
4.	Have you had close contact* with anyone with respiratory illness or a confirmed or probable case of COVID-19?	Yes (go to #5)	No (Screening completed)
5.	Did you wear the required and/or recommended PPE according to the type of duties you were performing (i.e. goggles, gloves, masks, gown or N95 with aerosol generating medical procedures (AGMPs) when you had close contact with a suspected or confirmed case of COVID-19?	Yes	No
6.	The visitor attests to not experiencing any of the typical and atypical symptoms (Atypical symptoms above / Attach MOH Appendix)	(<input type="checkbox"/>) (Check off)	
<i>If individual passes screening questions 1 to 5:</i>			
	Take temperature (fever is a temp of 37.8°C or greater)	Yes	No
	The visitor attests to not be experiencing any of the typical and atypical symptoms.	Yes	No
	The visitor attests they have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive.	Yes	No

*A close contact is defined as a person who provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g. shaking hands, face-to-face contact within 2 metres and greater than 15 minutes, coughed on) or who lived with or otherwise had close prolonged contact (e.g. in a close environment such as a meeting room or hospital waiting room, in an aircraft sitting within two seats) with a probable or confirmed case of COVID-19 while the person was ill.

Name of visitor: _____ Date: _____ Signature: _____

Screening Passed

1. If the individual answers NO to all of the questions from #1-4 above, they do not have a fever, they have attested to not be experiencing any of the typical and atypical symptoms AND attested to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have passed screening and can enter the home OR
2. If the individual answers NO to #1-3 and YES to #4 and #5, they do not have a fever, they have attested to not be experiencing any of the typical and atypical symptoms AND attested to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have passed screening and can enter the home.
 - The following steps should be taken by the home:
The visitor should be told to self-monitor for symptoms
 - Education on all required protocols will be provided
 - The visitor should be reminded about required re-screening when they leave the home
 - Ask the general visitor to verbally attest they have read and re-read the required materials as applicable – monthly and with any updated/changes.

The following steps must be taken by the visitor:

- Use Hand Sanitizer before/after each visit
- If visiting a resident, they must only visit the one resident they are intending to visit and no other resident
- Must use a mask at all times if the visit is outdoors. If the visit is indoors, a surgical/procedure mask is required. Visitors are responsible for bringing their own masks.
Any non-adherence to these rules could be the basis for discontinuation of visits.
- Ask the general visitor to verbally attest they have read and re-read the required materials as applicable – monthly and with any updated/changes.

Screening Failed

1. If the individual answers YES to any question from #1-3, or does not attest to not having typical or atypical symptoms or to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have failed screening and cannot enter the home, AND/OR
2. If the individual answers YES to #4 and NO to #5 or does not attest to not having typical or atypical symptoms or to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have failed screening and cannot enter the home.

The following steps should be taken by the home:

- The visitor should be told to contact a primary care provider, local public health unit or Telehealth to discuss their symptoms and/or exposure and seek testing. The following steps must be taken by the visitor:
- The visitor should go home to self-isolate immediately.

Note: Screening must include twice daily (on entry and when leaving the home) symptom check including temperature check

Please refer to [May 6, 2020 Ministry of Health COVID-19 Screening Tool for Long-Term Care Homes and](#)

Legend: Passed: P-A = NO to all questions #1-#4 and no fever + attestation OR **P-B** = NO to #1-3 & YES to #4 & #5 and no fever + attestation **Failed: F-A** = YES to any question #1-#3, no attestation AND/OR **F-B** = YES to #4 & NO to #5, no attestation

Below should be completed monthly by all visitors, and any time updates received.

For Caregiver/Visitors			
1	Read/ Re-read the following		
	Visitor Policy	YES	NO
	PHO Recommended steps to putting on and removing PPE		
2	Watched/Re Watched PHO Videos	YES	NO
	Putting on/Removing PPE	YES	NO
	How to wash hands	YES	NO

COVID – 19 Active Screening Tool Indoor Visitors **Visitor Name:** _____

Visitors may include friends and family. Please have the visitor answer the following questions:

1.	Do you have a fever (take temperature; fever is a temp of 37.8 or greater) Record Temperature and time of Screening on documentation form.	Yes	No
2.	Do you have any of the following symptoms? xiii. Cough that is NEW or Worsening xiv. Difficulty breathing/Shortness of breath xv. Sore throat (painful or difficulty swallowing) xvi. Rhinorrhea, Runny nose – not related to known causes or conditions xvii. Nasal congestion, stuffy nose - not related to known causes or conditions xviii. New olfactory or taste disorder (decrease or loss of smell or taste) xix. Nausea or Vomiting xx. Diarrhea xxi. Abdominal pain that is persistent and ongoing xxii. Chills xxiii. Headache that is new and persistent, unusual, or long lasting xxiv. Atypical Symptoms Fatigue, lethargy, or malaise (general feeling of being unwell, lack of energy, extreme tiredness) that is unusual and/or long lasting, Myalgias (muscle aches/pains) that are unexplained, unusual, long lasting, decreased or lack of appetite XiV. Atypical signs should be based on an assessment by a HCP, should not be explained by other known causes or conditions: exacerbation or chronic conditions, tachycardia, low BP, Tachycardia, Delirium, increased falls acute functional decline Has the local health unit asked you to self-isolate?	Yes	No
3.	Have you travelled or had close contact with anyone who has traveled in the past 14 days	Yes	No
4.	Have you had close contact* with anyone with respiratory illness or a confirmed or probable case of COVID-19? <small>*A close contact is defined as a person who provided care for the individual, including healthcare workers, family members or other caregivers, or who had other similar close physical contact (e.g. shaking hands, face-to-face contact within 2 metres and greater than 15 minutes, coughed on) or who lived with or otherwise had close prolonged contact (e.g. in a close environment such as a meeting room or hospital waiting room, in an aircraft sitting within two seats) with a probable or confirmed case of COVID-19 while the person was ill.</small>	Yes (go to #5)	No (Screening completed)
5.	Did you wear the required and/or recommended PPE according to the type of duties you were performing (i.e. goggles, gloves, masks, gown or N95 with aerosol generating medical procedures (AGMPs) when you had close contact with a suspected or confirmed case of COVID-19?	Yes	No
6.	The visitor attests to not experiencing any of the typical and atypical symptoms (Atypical symptoms above / Attach MOH Appendix)	(<input type="checkbox"/>) (Check off)	
<i>If individual passes screening questions 1 to 5:</i>			
	Take temperature (fever is a temp of 37.8°C or greater)	Yes	No
	The visitor attests to not be experiencing any of the typical and atypical Symptoms.	Yes	No
	The visitor attests they have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive.	Yes	No

Date: _____ Signature: _____

Screening Passed

A. If the individual answers **NO to all of the questions from #1-4 above, they do not have a fever,** they have attested to not be experiencing any of the typical and atypical symptoms AND attested to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have passed screening and can proceed with the outdoor visit **OR**

B. If the individual answers **NO to #1-3 and YES to #4 and #5, they do not have a fever,** they have attested to not be experiencing any of the typical and atypical symptoms AND attested to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have passed screening and can proceed with the outdoor visit.

The following steps should be taken by the **home**:

- The visitor should be told to self-monitor for symptoms
- Education on all required protocols will be provided

The following steps must be taken by the **visitor**: Use hand sanitizer upon entering

- The visitor must only visit the one resident they are intending to visit and no other resident
- Must use a mask at all times, **only a surgical mask** is acceptable. Visitors are responsible for bringing their own masks.
- Physical Distancing must be maintained
- Any non-adherence to these rules could be the basis for discontinuation of visits.

Screening Failed

A. If the individual answers **YES to any question from #1-3,** or does not attest to not having typical or atypical symptoms or to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have failed screening and cannot proceed to their visit, **AND/OR**

B. If the individual answers **YES to #4 and NO to #5** or does not attest to not having typical or atypical symptoms or to have tested negative for COVID-19 within the previous 2 weeks and subsequently not tested positive, they have failed screening and cannot proceed to their visit.

The following steps should be taken by the **home**:

- The visitor should be told to contact a primary care provider, local public health unit or Telehealth to discuss their symptoms and/or exposure and seek testing.

The following steps must be taken by the **visitor**:

- The visitor should go home to self-isolate immediately

Caregiver Designation Form

Designation of Caregiver(s) Under COVID-19 Visitor Policy

Essential visitors include a person performing essential support services (e.g., food delivery, inspector, maintenance, or health care services (e.g., phlebotomy) or a person visiting a very ill or palliative resident.

A **caregiver** is a type of essential visitor who is **designated by the resident and/or their substitute decision-maker** and visits to provide direct care to the resident (e.g., supporting feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making). Examples of caregivers include family members who provide direct care, a privately hired caregiver, paid companions, and translators.

A maximum of 2 caregivers may be designated per resident in writing using the Resident Caregiver Designation COVID-19 Pandemic Form.

Note: A resident and/or their substitute decision-maker may change the designation in response to:

- A change in the resident's care needs that is reflected in the plan of care; and/or
- A change in the availability of a designated caregiver, either temporary (e.g., illness) or permanent.

Caregiver Responsibilities:

All visitors are responsible for adhering to applicable directives including Directive #3, Ministry for Seniors and Accessibility guidelines and Eden Villa's visitor policy. Any non-adherence to the rules set out in the visitor policy could be the basis for discontinuation of visits for the non-compliant visitor.

- Visitors should consider their personal health and susceptibility to the virus in determining whether visiting a retirement home is appropriate.
- Where the home is NOT in an outbreak: ○ If the resident is NOT self-isolating or symptomatic, a **maximum of 2 caregivers** per resident at a time may visit that resident.

Prior to visiting any resident, visitors must follow screening requirements, including active screening, and safety review as applicable (attest to reading/watching applicable materials first time policy released and at least once every month thereafter)

Caregivers are responsible for bringing their own PPE to comply with requirements for essential visitors as outlined in Directive #3. If unable to obtain the appropriate PPE, they may be refused entry.

See Care Giver Designation Form.

MCAA Visitor Signage

All signs can be downloaded and printed here:

<https://www.orcaretirement>

Compassionate Care
Visits During COVID-19

This retirement home is currently experiencing an outbreak of COVID-19.

If you are an essential visitor, you may still be allowed to visit the home. You will have to be screened every time you are on the premises and before entry. Essential visitors include those performing essential support services (e.g., food delivery, inspector, maintenance, or health care services, such as mobile X-ray or foot care) or a person visiting a very ill or palliative resident.



For everyone's protection, you must wear a mask or face covering for all outside visits. You must wear a surgical mask for all inside visits. You are required to bring your own face covering or surgical mask. You must wear this equipment at all times.



Please maintain physical distancing, where possible.

Our staff may advise you of additional requirements. You must follow their directions — for the safety of residents, staff, and you.

Visit [ontario.ca/coronavirus](https://www.ontario.ca/coronavirus)

Ontario 